



7217/64562

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Satoru Ueda
Serial No.: 09/862,825
Filed : May 22, 2001
For : SOFTWARE PROGRAM PROVIDING SYSTEM AND SOFTWARE
PROGRAM PROVIDING METHOD
Group A.U.: 2122

*Pre
Amend/a
S. Ueda
4-16-03*

I hereby certify that this paper is being deposited
this date with the U.S. Postal Service in first class
mail addressed to: Assistant Commissioner for Patents,
Washington, D.C. 20231

Jay H. Maioli

Jay H. Maioli
Reg. No. 27,213

Date
March 24, 2003

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Technology Center 2100

March 24, 2003
1185 Avenue of the Americas
New York, NY 10036
(212) 278-0400

PRELIMINARY AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Prior to the initial examination of the above-identified
application, Applicant respectfully requests that the
application be amended as follows.

2/22
7217/64562IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Satoru Ueda
Serial No. : 09/862,825
Filed : May 22, 2001
For : SOFTWARE PROGRAM PROVIDING SYSTEM AND SOFTWARE
PROGRAM PROVIDING METHOD
Group A.U. : 2122
Date : March 24, 2003

Assistant Commissioner for Patents
Washington, D.C. 20231

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Technology Center 2100

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

- ☒ No fee is required.
- _____ The fee has been calculated as shown below.
- _____ Total claims in excess of 20 previously paid for, at \$18 (\$9) _____.
- _____ Independent claims in excess of 3 previously paid for, at \$84 (\$42) _____.
- _____ Additional Fee for this Amendment _____.
- _____ This response is being filed within the _____ first month, _____ second month, _____ third month, _____ fourth month, _____ fifth month following the expiration of the term originally set therefor. Applicants Petition for an extension, and the fee of _____ \$110 (\$55), _____ \$410 (\$205), _____ \$930 (\$465), _____ \$1,450 (\$725), _____ \$1,970 (\$985) is due and paid herewith.
- _____ The fee of \$ _____ set by 37 C.F.R. § 1.17(p) for the Information Disclosure Statement is due and paid herewith.
- _____ A check in the amount of \$ _____ is attached.
- ☒ Please charge any additional fees or credit any overpayment to Deposit Account No. 03-3125.

COOPER & DUNHAM, LLP

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